

CITY OF COLUMBIA OFFICE OF BUSINESS OPPORTUNITIES BUSINESS SPOTLIGHT APPLICATION FORM



Company	Presiden	t/Owner/Contact
Established Date:	Number of employees	: Annual Sales:
Brief business description: _		
Address:	City and Zi	p:
Telephone:	Fax:	Email:
Website:		
	programs: Commercial	for marketing, advertisement or additional capital Revolving Loan Fund (CRLF), Columbia Economic EZ). Yes No
Tax Relief: Has your business incentives that you may qua		ny Columbia Empowerment Zone tax credits and Credits)? Yes No
Growth: Can you demonst employment) or sales (sales		number of employees (contributed to the local d pace)? Yes No
Community Involvement: De events locally. Yes No		nesses participated in any community or charitable
Contributions: Contributing	to the community eithe	er in-kind or financially. Yes No
		ur vision for growth in the coming years? What is
person operation, tell us if	your business in any v	re diversity in the work place. Or if you are a one way assists with the inclusion of diversity in your more diversity in your business.
		oved because of business relations. What kind of ct, maintain, or improve relations? Ex. Networking
participated in any charitab talent, financial assistance, pe	ole events? Has the bus ersonal time, or in-kind f	a good community neighbor? Has the business iness contributed time (free workshops, seminars), for any community activity including local schools,
articles, awards, recognition	within the industry, re	ousiness is in the community. You may include: ecognition for community service, feed back from We may conduct an onsite visit.